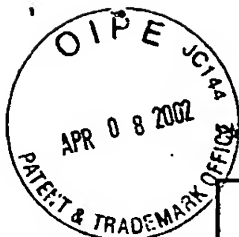


3763



Please type a plus sign inside this box ☐ +

PTO/SB/21 (08-00)  
 Approved for use through 10/31/2002. OMB 0651-0031  
 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	10/047,204
	Filing Date	January 14, 2002
	First Named Inventor	Alan J. Dextrateur
	Group Art Unit	3763
	Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission		Attorney Docket Number 022719-27

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supp. Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) PTO-1449 Form w/ thirteen (13) references cited therein Return Postcard
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	NUTTER MCCLENNEN & FISH LLP Lisa J. Michaud
Signature	
Date	April 4, 2002

<b>Transmittal</b> I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below. Dated: April 4, 2002      Signature:  (Lisa J. Michaud)	
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Alan J. Dextrateur et al.  
Application No. : 10/047,204  
Filed : January 14, 2002  
Entitled : **MULTI-CATHETER INSERTION  
DEVICE AND METHOD**  
Docket No. : 22719-27

Group Art Unit: 3763

Examiner: Not Yet Assigned

RECEIVED

APR 10 2002

TECHNOLOGY CENTER R3700

Certificate of Mailing (37 C.F.R. 1.8(a))

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail, in an envelop addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date set forth below.

April 4, 2002  
Date of Signature and Mail Deposit

By:

  
Lisa J. Michaud, Reg. No: 44,238  
Attorney for Applicant(s)

Commissioner for Patents  
Washington, DC 20231

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Dear Sir:

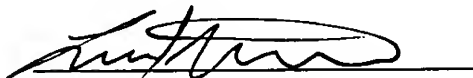
Pursuant to 37 C.F.R. §1.56, §1.97 and §1.98, Applicant hereby makes of record the enclosed references listed on the attached copy of PTO Form PTO/SB/08A (1449). In accordance with §1.97(b), this statement is being filed before the mailing of a first Office Action. Accordingly, Applicant believes that no fee or certification is required.

This statement is not to be interpreted as a representation that the cited publications are material, that an exhaustive search has been conducted, or that no other relevant information exists. Nor shall the citation of any publication herein be construed *per se* as a representation that such publications are prior art. Moreover, the Applicant understands the Examiner will make an independent evaluation of the cited publications.

No fee is believed to be due in connection with the filing of this paper. However, if any fee is due, the Commissioner is hereby authorized to charge payment of any such fees to Deposit Account No. 141449.

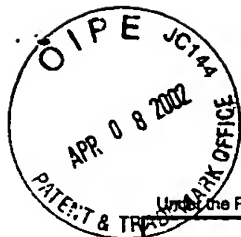
Respectfully submitted,

Date: April 4, 2002

  
Lisa J. Michaud  
Reg. No. 44,238  
Attorney for Applicant(s)

Nutter, McClennen & Fish, LLP  
One International Place  
Boston, MA 02110-2699  
Tel: (617)439-2550  
Fax: (617)310-9550

1095130.1



<b>Substitute for form 1449/PTO</b>  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (use as many sheets as necessary)				<b>Complete If Known</b>	
				Application Number	10/047,204
				Filing Date	January 14, 2002
				First Named Inventor	Alan J. Dextrateur
				Art Unit	3763
				Examiner Name	Not Yet Assigned
Sheet	1	of	1	Attorney Docket Number	022719-27

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)			
	A	4,215,695	08/05/80	Spitz et al	
	B	4,578,057	03/25/86	Sussman	
	C	4,655,745	04/07/87	Corbett	
	D	4,692,155	09/08/87	Zimmer	
	E	5,098,411	03/24/92	Watson et al	
	F	5,405,316	04/11/95	Magram	
	G	5,531,673	07/02/96	Helenowski	
	H	5,897,528	04/27/99	Schultz	
	I	5,913,852	06/22/99	Magram	
	J	6,013,051	01/11/00	Nelson	

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)				
	K	WO 89/02290	03/23/89	Ghajar et al		
	L	WO 98/11934	03/26/98	Svend		

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See attached Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the application number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
	M	Phoenix Anti-Blok "Catheter-Reservoir" (For CSF Shunting); Internet Site Address: <a href="http://www.shunt.com/biomedical/instructions/NS/AntiBlokCR.htm">http://www.shunt.com/biomedical/instructions/NS/AntiBlokCR.htm</a>	

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.